

AC 4699

45/15/12

COUNTY OF ZETLAND

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1954

Public Health Office,
Brentian Place,
DERWICK, August, 1955.

To

The Department of Health for Scotland
The County Council of Zetland
The Town Council of Derwick
The Education Committee of Zetland County Council

Ladies and Gentlemen,

I beg to submit my Annual Report on the Public Health
Administration of the County for the year 1954.

I am,
Your obedient Servant,

S. A. B. Black.

Medical Officer of Health

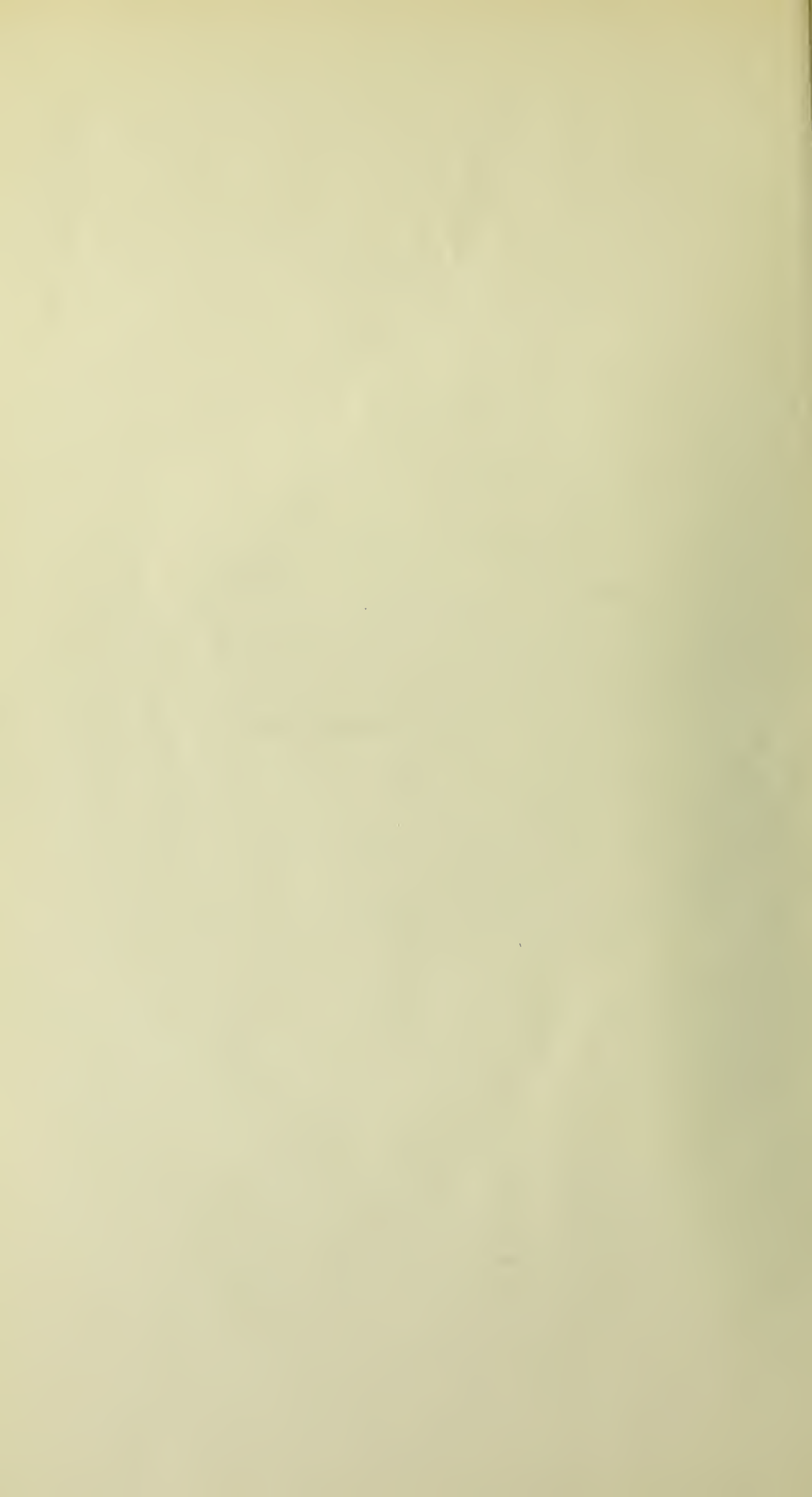


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VITAL STATISTICS

The following is a summary of the principal statistics for the year 1954. Figures for the years 1952 and 1953 are given for comparison. The figures given are corrected for transfers.

	<u>Zetland</u>		<u>Scotland</u>	
	<u>1952</u>	<u>1953</u>	<u>1954</u>	
Population (estimated)	19,058	18,949	18,715	
Crude death rate per 1,000 population	16.0	15.2	14.9	11.9
Death rate adjusted for age and sex distribution	10.4	9.9	9.7	
Live births (including illegitimate)	281	300	273	
Birth rate (per 1,000 population)	14.7	15.8	14.6	18.0
Illegitimate birth rate (per 100 births)	3.2	3.7	5.1	4.4
Infant mortality rate	25	3	44	31
Deaths from tuberculosis (all forms)	6	3	3	
Death rate from tuberculosis (all forms)	0.31	0.16	0.16	0.22
Deaths from pulmonary tuberculosis	-	2	2	
Death rate from pulmonary tuberculosis	-	0.11	0.11	0.20
Deaths from principal epidemic diseases	9	1	3	
Death rate (per 1,000 population) from principal epidemic diseases	0.47	0.05	0.16	0.06

The Registrar General's estimate of the population of the County in the middle of the year 1954 is 18,715 - a further decrease of 234 on the estimated figure for 1953.

The County of Zetland section of the report on the Census of 1951 has just been published and can be obtained from H.M. Stationery Office. It is full of interest, but tells a sad tale. The population has decreased by 10.2 per cent between the 1931 and 1951 census - a drop of 2,174, and if the Registrar General's estimated population figure for 1954 is correct there has been a further decrease in population of 452 in the short time that has elapsed since the 1951 census.

Below are some other interesting points taken from the census report:-

In the twenty years between 1931 and 1951 the deaths in the County exceeded the number of births by 788. (Even without any emigration to the south there would have been a decrease in population). "Yet the number of births in the County in relation to the number of married women of child bearing age is not lower but higher than in most of the other counties of Scotland, and quite appreciably higher than the Scottish average. This is clear from the vital statistics of the last twenty years." (In other words despite the satisfactory number of births achieved by the married women in the county the population has dropped).

The report mentions as causes of the continuing decline -

- (1) the increasing age of the population (... "the oldest population in the counties of Scotland.")
- (11) the low proportion of married women in relation to the number of women of child bearing age.
(One of the reasons for this is the unusually high proportion of females to males in the population, 115 females to every 100 males - the disproportion used to be even higher).
- (111) an estimate of a loss to the County by migration during the intercensal period 1931-51 of about 1,200 persons - this being the probable figure of the "excess of outward over inward migration movements."

Since 1931 the population of Lerwick burgh has increased by 4.4 per cent and the population of the rest of the County has decreased by 14.3 per cent. Since 1931 the population of the landward area of the County has decreased by 2,300. The greatest decrease in any areas were in Yell (21.2 per cent) and in Sandsting (21.1 per cent). Tingwall parish is able to show a slight increase in population.

A more cheering fact is that the proportion of children in the county's population "...was appreciably higher than in 1931. In every thousand of the population 223 were aged under 15 compared with 207 in 1931." There was a temporary rise in the birth rate during and just after the war, and the birth rate had been low around 1931.

Tables in the report show the number of persons living in one roomed, two roomed, and three roomed houses. The changes since the 1931 census are worth studying by those interested in housing. Whalsay and Bressay show the most overcrowded housing conditions and are well ahead of other areas in the proportions of their populations living under conditions where there are more than two persons per room.

Further informati on from the census report is given on page 8 of this report in the section dealing with the care of the aged.

The table on page 1 gives a summary of the principle statistics for the past three years and the rates for the whole country for comparison.

The "crude" death rate and the "corrected" death rate are both slightly lower than last year and are the lowest ever recorded. The birth rate (14.7) is below the average for the previous five years (15.5).

The increase in the infant mortality rate is discussed on page 4 of this report.

The tuberculosis death rate (0.16 per 1,000 population) is the same as the figure for the previous year which was the lowest ever recorded for the County, as is below the new record low rate for Scotland.

The following table shows in order of frequency the most common ascribed causes of death:-

<u>Cause</u>	<u>Number</u>	<u>Percentage of Total Deaths</u>
Arteriosclerotic and degenerative heart disease	73	26.2%
Malignant neoplasms	49	17.6%
Vascular lesions affecting central nervous system	45	16.1%
Other circulatory disease	10	3.6%
Hypertension without heart disease	9	3.2%

For several years the proportion of deaths due to malignant neoplasms (cancer) was around 13 per cent, but in 1953 cancer was the cause of 19 per cent of all deaths, and in 1954 the percentage of deaths from this cause was 17.6 per cent which is close to the figure for Scotland in 1953 (17 per cent). Considering the high age average of the population this table is much as one would expect.

In 1952 "influenza" and in 1953 "violence" appeared on this table as causes of death accounting for more than 3 per cent of all deaths, but in 1954 these causes accounted for a smaller proportion of deaths.

The table on the next page shows the number of deaths at various ages from all causes./

	<u>1954</u>
	<u>Number of Deaths</u>
All ages	278
- 1	12
1 - 4	-
5 - 9	-
10 - 14	-
15 - 24	1
25 - 34	3
35 - 44	8
45 - 54	15
55 - 64	35
65 - 74	66
75 - 84	89
85 and over	49

CARE OF MOTHERS AND YOUNG CHILDREN

The Local Authority's child welfare clinic at Hillhead, Lerwick, was attended by 331 different infants who made a total of 1,200 attendances. Ante-natal visits were also made by 32 expectant mothers.

District Nurses made over 3,700 welfare visits to 1,434 different children of pre-school age, and also visited 152 expectant mothers (See Appendix, page 1).

The table on the next page shows figures in recent years for stillbirths, neo-natal deaths and total deaths of infants under one year of age. By "neo-natal" deaths we mean deaths of infants during the first month after birth. It is during this period (usually during the first week of this period) that most infant deaths occur and prematurity is the cause of most of these deaths.

During 1954 there were eleven deaths of children during the first four weeks after birth. This was disappointing after there had been only one infant death in 1953.

The infant mortality rate is higher than it has been in any year since 1948. When dealing with so small a total number of births a wide fluctuation in the rate can easily occur from one year to the next. In the five years 1950-54 inclusive there have been 1,467 live births and 37 infant deaths (32 of which were neo-natal deaths); this gives an average infant mortality rate for the period of 25.

The stillbirth rate (per 1,000 total births including stillbirths) at 39 is higher than in recent years.

	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>	<u>1954</u>
Births (corrected for transfers)	298	321	308	305	281	300	273
Total Deaths under 1 year of age	14	9	11	6	7	1	12
Neo-natal deaths	9	3	10	4	6	1	11
Infant mortality rate	47	28	36	20	25	3	44
Stillbirths	5	6	3	8	8	9	11

WELFARE FOODS

In the course of 1954 the Local Authority became directly responsible for the issuing of welfare foods. This had previously been a duty of the Ministry of Food, although in this County, District Nurses had played a considerable part in issuing vitamin preparations to mothers.

The local Ministry office was able to reduce its clerical staff by one person when this duty was handed over to the Local Authority. The Local Authority, however, had to increase its staff by two in order to man an office for the distribution of the foods and the posting of foods to outlying areas. This is now done in the Infant Welfare Centre at Hillhead, and the change does not constitute an advance in preventive medicine. In my opinion, an ante-natal clinic and child welfare clinic does not carry out its instructive work any better by becoming involved in the distribution of milk powders and vitamins - valuable though these foodstuffs are. I am glad to find that I am not alone in thinking that some better system could have been devised than placing this task in the hands of Local Authorities and their welfare clinics. Below is an extract from the Annual Report of the Medical Officer of Health of the County of East Lothian:-

"The distribution of Welfare Foods should be handed over to the retail chemists and they should be sold over the counter like any other commodity. The number of people likely to buy them without being entitled to do so is exceedingly small and any loss in this direction would be more than offset by the saving which would result from the abolition of the present cumbersome and unwieldy system of returns and accounting. Surely the time has come for an end of this complicated system of stamps and coupons, which is a source of frustration and annoyance to the mothers and a tedious, time consuming and expensive task for the Local Authority. The profit which the chemists could reasonably expect to make on the transaction would, in my opinion, be no more than a fraction of the cost of the present system."

PRE-SCHOOL CHILDREN/

PRE-SCHOOL CHILDREN

There were no deaths of children between the age of 1 year and 14 years in the County during 1954.

In 1953 there were also no deaths recorded at the pre-school age 1 - 4 years, and in 1952 there was one death at this age. This is the age when deaths from accidents occur among children, and we are fortunate to have a satisfactory record in this respect in recent years.

DENTAL CARE OF PRE-SCHOOL CHILDREN

57 pre-school children were given dental inspection and 50 treated by the School Dental Officer during the year. In addition 8 nursing mothers and 3 expectant mothers were treated. Although Local Authorities have been given the responsibility of providing a 'priority' dental service to mothers and young children it will be many years before there will be dental staff available to provide an adequate service, and in this respect we are at least as fully staffed as other parts of the country.

MIDWIFERY

In 1954 221 births occurred in hospital and 55 outside hospital. The proportion of hospital confinements is thus higher than in any previous year (79 per cent).

The majority of the District Nurses get little opportunity to practice midwifery. I am not yet convinced that it is always an advantage under conditions existing in this County for healthy expectant mothers to be transported for long distances and collected together to be confined in an institution. There is, however, no denying that an institutional confinement is a great domestic convenience for the mother and her household, and is also more convenient for the practitioner.

During the year there were no cases of puerperal pyrexia or puerperal fever. There were no deaths of mothers as a complication of childbirth, though one death occurred from other causes in the case of a recently confined woman.

Eleven of the District Nursing staff are trained in the administration of gas and oxygen analgesia. Doctors were present at 38 of the 55 domiciliary confinements.

HEALTH VISITING AND HOME NURSING

The Local Authority's duties under the National Health Service (Scotland) Act, 1947, have resulted in considerable responsibilities falling on Health Visitors. In this County, as in most areas in the Highlands and Islands, District Nurses act as Health Visitors.

In last year's report I explained why this was a great advantage under the conditions existing in this County.

One is sometimes asked what a Health Visitor is meant to do. A most formidable list of duties are the responsibility of these members of the nursing profession.

Health Visitors are qualified nurses and midwives. They are expected to give advice and supervision to expectant and nursing mothers and advise them on the care of young children. In general they are expected to advise the household on measures necessary to promote health and to prevent the spread of infection. They are the people who do most to encourage patients to have their children immunised against diphtheria and vaccinated against smallpox.

In/

In this County the District Nurses in the course of their health visitors work keep the Medical Officer of Health informed about all patients on the tuberculosis register who are living in their homes. They assist in tracing contacts of cases and persuading them to be examined and X-rayed when necessary. They help in the work of tuberculin testing and in giving B.C.G. Vaccine.

Health Visitors also act as School Nurses; they visit and inspect children at school and make follow-up visits to the homes of children who were found to require treatment at school medical inspection. Health Visitors are also the most important means of spreading Health Education, and they are expected to advise also on the prevention of accidents in the home.

They also have duties connected with the welfare of the aged and helpless, and in this work help the District Welfare Officers. Recently the Department of Health have suggested in a circular that the health visitor should regard the prevention of mental ill health and psychological strain, and the prevention of the break-up of family life as within the scope of her duties. One cannot help feeling that perhaps rather too much is being expected of this worthy section of the nursing profession.

There is no doubt about the important place that the District Nurse-Health Visitor has been given in the working of the National Health Service Act. In recent years much attention is being paid to the training of nurses for this work. In practice a good nurse can achieve much in her efforts to cope with all these duties.

Thirteen of our staff of twenty nurses have been working in the County for more than five years.

During the year there was some difficulty in filling the vacant posts of District Nurse in Foula and in Papa Stour, but ultimately nurses were found for both islands.

The County Council continues to try and improve the housing and transport provided for the nursing staff; expenditure in this direction is well worth while.

Shortly after the end of the year Miss Margaret Shearer, M.B.E., retired from the post of Health Visitor in Lerwick where she had been School Nurse, Tuberculosis Visitor, and Infant Welfare nurse for thirty-four years. Her valuable work will be remembered with gratitude by many mothers in the town.

Statistics of the work done by the nursing service is given in the appendix of this report.

CARE OF THE AGED. DOMESTIC HELP SCHEME

The census report states that the average age of the population in 1951 was the highest revealed in the census for any county in Scotland - (this was also the case at the time of the 1931 census).

In previous reports I have explained the difficulties which face the Local Authority in its task of caring for the large number of old people in the County. The proportion of persons of pensionable age is about twice the figure for Scotland as a whole, and the dispersal of the population over many sparsely populated areas makes the problem more difficult.

The diagram on page 9 shows the age structure of the population. In the census year there were 593 persons in the County over the age of 80 years - (55 of these were over 90 years old). Between the ages of 75 years and 80 years there were a further 644 persons. The diagram shows what a large proportion of the older people are women.

At present the only institutional accommodation available for the old is in the Brevik Hospital of 50 beds. A few old people are also kept for long periods in other hospitals awaiting transfer to the Brevik Hospital. About two thirds of the patients in the Brevik Hospital are hospital cases and the remainder are the responsibility of the local authority.

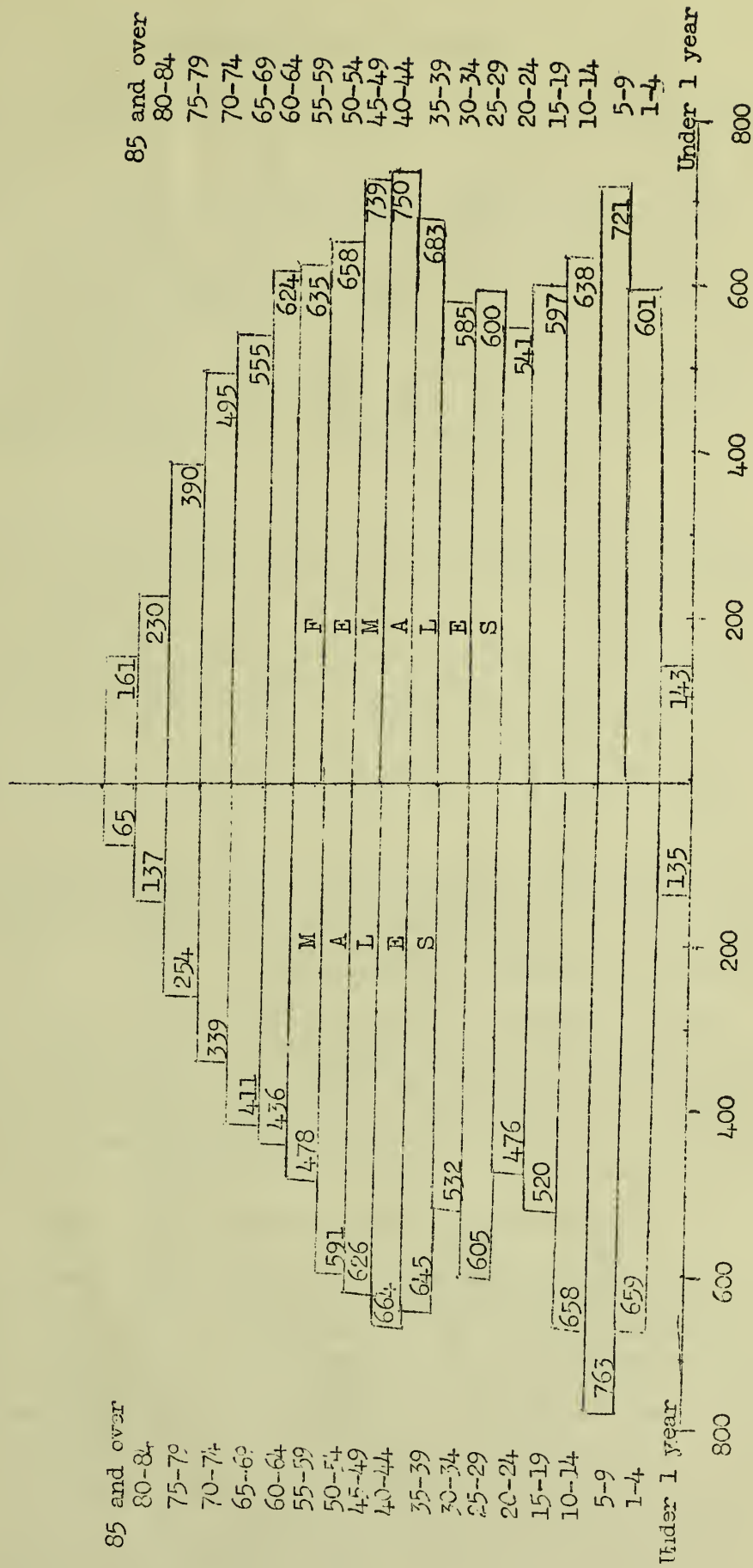
It is obvious that in this County (as elsewhere) accommodation in institutions will only be available for a small proportion of those old people who are not able to look after themselves in their homes. Even if nine out of ten of those over 75 years of age are able to get along with the help of relatives and neighbours the remainder would still be numerous enough to fill the total number of hospital beds of all types in the County.

In the majority of cases relatives and neighbours give the help which enables an old person to continue to live in his own home. This help is often given under most difficult conditions. In a few cases where there are no relatives and when other means of helping an old person cannot be arranged the County Council's home help scheme is used.

It is not possible here to organise a scheme with a permanent staff of home helps as is done in urban areas in the south. Our Welfare Officers have usually to seek out and recruit someone in an area to be employed (part-time) for the care of one particular aged person. At no time during the year were there more than eight persons at a time being assisted by the home help scheme. The total number of cases handled by the scheme during the year was fourteen.

When Viewforth and Leog homes have been completed and opened some badly needed beds at the Brevik Hospital will be freed for the use of difficult bedridden cases which we cannot accommodate at present.

Population of Shetland
Age Distribution by Quinquennial Age Groups
Census Report 1951 (from Table 12)



VACCINATION and IMMUNISATION

During the year only four primary vaccinations of infants against smallpox were carried out under the County Council's scheme. No doubt some other infants were vaccinated by private arrangement with practitioners, but nevertheless vaccination of infants against smallpox is scarcely practised at all in this County. This is a pity. Vaccination during infancy is advisable. It makes subsequent re-vaccination safer and easier. Sooner or later these children get vaccinated - usually they receive their first vaccination when called up for national service, or when joining some profession such as nursing or seafaring. Adolescence is not nearly as safe and as suitable an age for primary vaccination as is infancy. The custom of avoiding vaccination against smallpox seems to be firmly established and is a strange contrast to the way in which the same parents willingly have children immunised against diphtheria and given B.C.G. vaccine when this is advised.

Diphtheria immunisations are carried out by practitioners who hold immunising sessions at country schools. The Medical Officer of Health gives immunising injections at the Lerwick schools every other year, and at the Welfare Clinic every few weeks. Practitioners gave 170 children a full course of two injections of Alum Precipitated Toxoid during the year, and a further 199 older children were each given a re-inforcing dose. The Medical Officer of Health immunised 45 infants attending the Lerwick Welfare Clinic.

There has been no diphtheria in the County since we had one case in 1945.

During the five years 1950-54 inclusive 1,467 children have been born in the County and 1,211 children have been given primary diphtheria immunisation. Over eighty per cent of the child population is receiving immunisation against diphtheria, though the rate among children below school age is much lower.

Further reports on the trial of a method of combined immunisation against diphtheria, whooping cough and tetanus are awaited with interest, and in the near future we may be able to use this combined antigen with advantage. In the meantime the County Council has not yet adopted any scheme for giving protective injections against whooping cough.

PREVENTION OF ILLNESS, CARE and AFTER CARE

This is the heading under which I am asked to report on preventive measures against tuberculosis. There were three deaths from all forms of tuberculosis in 1954 and as mentioned earlier in this report the tuberculosis death rate is the same as it was last year, which was the lowest ever recorded for the County. It can be seen from the table on page 11 that the number of notifications of new cases has been less in recent years. This County's notification rate in 1954 was the second lowest for any county in Scotland. This is all the more encouraging as a strict standard of notification is being maintained and very minor tuberculous lesions are not being omitted.

The figures for Scotland show a further reduction in notifications and in deaths, and while we have this disease on the decline we should avoid being complacent and must continue to attack it by every means.

During the year District Nurses made a total of 938 visits to 139 different persons on the tuberculosis register; most of these patients were living at home in fairly good health and several were working.

Former patients and contacts of patients have co-operated well by attending the out-patient chest clinic at the Sanatorium. During the year/

year 378 different people attended the chest clinic and 391 chest X-ray plates were taken. (This clinic is attended by many patients other than tuberculous cases and contacts).

There was no waiting list for admission to the Sanatorium at any time during the year.

In last year's report I explained why protection against tuberculosis by means of B. C. G. vaccine was particularly valuable for young adolescents who were about to leave this County and be exposed to infection in the south for the first time.

During 1954 the County Council's scheme for offering B.C.G. vaccine to school leavers was started.

So far over 80 per cent of parents are consenting to their children receiving this vaccine. The giving of this vaccine has been included as part of the school medical inspection in secondary schools and the scheme has made a successful start. 282 children were given B.C.G. vaccine at school (see table on page 2 of Appendix).

In this County only about 11 per cent of school leavers are positive to the tuberculin intra-dermal skin test. This means that about nine out of every ten senior school children would benefit by the protection given by B.C.G. vaccine.

Modern drugs and the advances in thoracic surgery have reduced the number of infective cases of tuberculosis in the community and have brought about a drop in the death rate. We must not forget the less spectacular part that has been played over a period of many years by the steady improvement of housing conditions by the reduction of overcrowding in houses.

Year	NOTIFICATIONS		DEATHS	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
1931-35 (Average)	31	30	61	22
1936-40 (Average)	27	17	44	12
1941-45 (Average)	31	10	41	13
1946-50 (Average)	22	8	30	10
1951	19	2	21	9
1952	14	8	22	-
1953	8	4	12	2
1954	8	10	18	2

INFECTIOUS DISEASES

The table below shows the number of cases of notifiable infectious diseases in the County during 1954.

The scarlet fever cases occurred mainly in Whalsay and in Whiteness.

Two cases of poliomyelitis occurred in the Autumn, one in Lerwick and one at Brae.

Three cases of cerebro-spinal fever occurred: one fatal case in Delting and two other cases in Whalsay.

Disease	At All ages	-1	1-	5-	15-	25-	45-	Received hospital treatment
<u>Lerwick Burgh</u>								
Poliomyelitis, Acute	1	-	-	1	-	-	-	-
<u>County</u>								
Cerebro-spinal fever	3	-	-	1	-	-	2	2
Dysentery	2	-	-	-	-	2	-	-
Pneumonia, Acute Primary	1	-	-	-	-	-	1	-
Poliomyelitis, Acute	1	-	-	-	1	-	-	1
Scarlet Fever	37	-	3	30	3	1	-	-
Total	44	-	3	31	4	3	3	3

There were other infectious conditions causing minor ill health which do not appear on the above table.

There were epidemics of sore throats in Sandsting and Aithsting, in Weisdale, and in Bigton at the beginning of the year.

At the end of the year there were cases of measles in Burra Isle.

MENTAL HEALTH

There are twenty certified mental defectives and four "home lunatics" living in the County. Most of these cases are cared for by relatives. They are visited by welfare officers and practitioners.

Certified patients sent to mental hospitals in the south numbered seven during the year. A few other patients have been admitted as voluntary cases, but there is no record of this number.

The Consultant Mental Specialist from Kingseat Hospital visits the County regularly and his clinics are appreciated by his former patients, and no doubt help to prevent cases from having to be re-admitted or sent south for advice.

The County Welfare Officer is the "authorised officer" for the County. There are no institutional beds in the County for either mental patients or mentally defective persons; we are dependent on bigger areas in the south.

NURSERY AND CHILD MINDERS REGULATION ACT

There are no persons in this County paid for services given as "child minders."

REPORT ON SCHOOL MEDICAL INSPECTIONYear ended 31st July, 1954STAFFSchool Medical Officer (part-time) :-

S. A. B. Black, M.D., D.P.H., D.T.M. & H.

School Dental Officer :-

Miss Joyce G. Campbell, L.D.S.

School Nurses (part-time) :-

Lerwick - One.

Other Areas - 19 District Nurses in 19 areas
in the County.Specialist Medical Officers :-The various consultants of the North-Eastern
Regional Hospital Board to whom cases from this
County are referred.Clerks :-

2 (part-time)

GENERAL STATISTICS

Population of Area - 18,949 (at start of school year)

Number of Schools :-

Primary	-	41
Senior Secondary	-	1
Junior Secondary	-	12
Side Schools	-	3

Number of children on register	-	2,850
Number of children in average attendance	-	2,708
Percentage attendance for year	-	91.1

REPORT ON SCHOOL MEDICAL INSPECTION

During the school year ending July, 1954, all schools were visited for medical inspection of the pupils except the schools at Fair Isle, Foula, Papa Stour, Fetlar, Trondra and Skerries.

Pupils in the following age groups were given routine school medical inspection:-

- (I) All entrants and pupils not previously given routine school medical inspection.
- (II) Pupils born in 1946 (examined for visual acuity and hearing only).
- (III) Pupils born in 1944.
- (IV) Pupils born in 1940.
- (V) Pupils born in 1937.

Table I of this report shows that 1,050 children were given systematic examination. This is 38 fewer than in the previous year.

108 children not in the age groups for examination were re-examined on account of some defect noted or suspected at previous examinations.

66 children missed their routine examination through being absent on the day of the examination so that 92 per cent of those due for examination were actually examined.

Parents or other relatives attended with 282 of the children examined.

THE FINDINGS OF MEDICAL INSPECTION

Table II shows in detail, under separate headings, the number of defects found at systematic examinations. There are no figures that are unusual.

Cleanliness. This year head nits were found in only 3 children at the time of school medical inspection. (Last year the number was 10). District Nurses issue insecticidal hair lotions to families showing signs of infestation, and except for a few difficult families the Nurses seem to have almost got rid of this trouble.

Defective Vision. This is the commonest defect. 62 children were recommended for refraction compared with 55 in the previous year and 77 the year before that.

Table III classifies children into groups in accordance with the severity of defects discovered. The table is very similar to the equivalent tables in the reports for the last few years. There is a slight decrease in the percentage of children falling into Group IV.

The table of average weights and heights is very similar to last year's table except in the fifth year group, where this year's boy pupils were apparently taller and heavier than in the previous years. (The fifth year group is numerically small, and a few heavy ones could make more difference than in the other age groups).

"From/

* "From the earliest years school health services throughout the country have recorded the measurements of their children and have not known what to do with them."

Healthy children are often below the average weight and height; and this traditional part of the school medical inspection is a labour of doubtful value.

Table IV gives particulars of handicapped children.

SCHOOL DENTAL SERVICE

In this County we have one School Dental Officer for roughly 3,000 pupils, and we could make good use of a second school dentist but have not been able to engage one.

The average in Scotland is one School Dental Officer for every 5,000 children; in Aberdeen for example only one sixth of the school children can be inspected in the course of a year; our position is somewhat the same.

The School Dental Officer has tried to work through the different areas of the County in turn.

During the year the new dental van has been put into use.

296 general anaesthetics were given by medical practitioners for the Dental Officer in the course of the school year.

* Editorial "Public Health" No. 6. Vol. LXVIII.

TABLE 1

Total number of children examined at:-

(A)		Systematic Examinations:-	Other systematic Examinations:-
Ordinary Schools	{ Entrants	285	-
	{ Second Age Group	254	-
	{ Third Age Group	258	-
	{ Fourth Age Group	23	-
Secondary Schools	{ Fourth Age Group	202	-
	{ Fifth Age Group	28	-
		<u>1050</u>	<u>-</u>
			<u>108</u>
(B) Other examinations:-		Special cases	62
		Re-inspections by Medical Officer	46
			<u>108</u>

Number of individual children inspected at systematic examination, who were notified to parents as requiring treatment (excluding uncleanliness and dental caries):-

Entrants	-	14
Second Age Group	-	23
Third Age Group	-	33
Fourth Age Group	-	23
Fifth Age Group	-	4
Other systematic examinations	-	-
		<u>97</u>

Of 108 children given a re-inspection or special examination 23 were notified to parents as requiring treatment and 19 were noted for re-inspection again during the school year 1954-55.

TABLE 11

Return of number and percentage of individual children in each age group suffering from particular defects:-

	Total de- fective at all ages	Entrants Boys Girls	Third Age Group Boys Girls	Fourth Age Group Boys Girls	Fifth Age Group Boys Girls	All Ages Boys Girls
Number examined:		147 138	129 129	118 107	11 17	405 391
1. Clothing unsatisfactory		- -	- -	- -	- -	- -
2. Footgear unsatisfactory		- -	- -	- -	- -	- -
3. Cleanliness-						
(a) Head: Dirty,	3	- -	- 3	- -	- -	- 3
nits or vermin	0.4	- -	- 2.3	- -	- -	- 0.8
(b) Body: Dirty or verminous	-	- -	- -	- -	- -	- -
4. Skin- Ringworm	-	- -	- -	- -	- -	- -
(a) Head:						
Impetigo	3	- -	1 1	1 -	- -	2 1
	0.4	- -	0.8 0.8	0.8 -	- -	0.5 0.3
Other diseases	1	- -	- -	- -	1 -	- 1
	0.1	- -	- -	- -	5.9 -	- 0.3
(b) Body: Ringworm	-	- -	- -	- -	- -	- -
Impetigo	1	- -	1 -	- -	- -	1 -
	0.1	- -	0.8 -	- -	- -	0.2 -
Scabies	1	- 1	- -	- -	- -	- 1
	0.1	- 0.7	- -	- -	- -	- 0.3
Other diseases	1	- -	- -	- 1	- -	- 1
	0.1	- -	- -	- 0.9	- -	- 0.3
5. Nutritional State-						
Slightly defective	9	2 2	3 2	- -	- -	5 4
	1.1	1.4 1.5	2.3 1.6	- -	- -	1.2 1.0
Bad	-	- -	- -	- -	- -	- -
6. Mouth and teeth unhealthy	12	4 1	- 3	2 2	- -	6 6
	1.5	2.7 0.7	- 2.3	1.7 1.9	- -	1.5 1.5
7. Naso-pharynx-						
(a) Nose:						
(1) Obstruction req.	4	2 1	1 -	- -	- -	3 1
observation	0.5	1.4 0.7	0.8 -	- -	- -	0.7 0.3
(11) Requiring operation	1	- -	- -	- 1	- -	- 1
	0.1	- -	- -	- 0.9	- -	- 0.3
(111) Other conditions	-	- -	- -	- -	- -	- -
(b) Throat:						
(1) Tonsils req.	17	6 6	2 2	- 1	- -	8 9
observation	2.1	4.1 4.4	1.6 1.6	- 0.9	- -	2.0 2.3
(11) Requiring operation	1	- -	1 -	- -	- -	1 -
	0.1	- -	0.8 -	- -	- -	0.2 -
(c) Glands req.	4	2 -	2 -	- -	- -	4 -
observation	0.5	1.4 -	1.6 -	- -	- -	1.0 -
(111) Requiring operation	-	- -	- -	- -	- -	- -
8. Eyes-						
(a) External diseases:						
Blepharitis	14	4 -	3 1	5 1	- -	12 2
	1.8	2.7 -	2.3 0.8	4.2 0.9	- -	3.0 0.5
Conjunctivitis/						

TABLE 11 (Cont'd.)

[illegible]

T A B L E 11 (Cont'd.)

Nature of Defect	Total defective at all ages	Entrants		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
(b) Acquired (Infantile Paralysis)	-	-	-	-	-	-	-	-	-	-	-
(c) Acquired (probable rickets)	10 1.3	4 2.7	3 2.2	-	1 0.8	-	1 0.9	1 9.1	-	5 1.2	5 1.3
(d) Acquired (Other causes)	1 0.1	1 0.7	-	-	-	-	-	-	-	1 0.2	-
15. Infectious diseases	-	-	-	-	-	-	-	-	-	-	-
16. Other diseases or defects	3 0.4	-	1 0.7	-	1 0.8	1 0.8	-	-	-	2 0.5	1 0.3

8. (b) Visual acuity:

Nature of Defect.	Total defective at all ages	Entrants		Second Age Group		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Total number subjected to routine vision testing:													
		15	9	129	121	125	123	118	105	11	17	398	375
Visual acuity:													
Fair	74 9.6	1 6.7	-	10 7.8	12 9.9	9 7.2	14 11.4	11 9.3	10 9.5	1 9.1	6 35.3	32 8.0	42 11.2
Bad	39 5.0	1 67	-	5 3.9	8 6.6	6 4.8	8 6.5	4 3.4	5 4.8	1 9.1	1 5.9	17 4.3	22 5.9
Number recommended for refraction													
	62 8.0	1 6.7	1 11.1	10 7.8	13 10.7	8 6.4	13 10.6	5 4.2	8 7.6	1 9.1	2 11.8	25 6.3	37 9.9

Table of Average Age, Weight and Height of
Children Examined at Systematic School Medical
Inspection During the Year Ended 31st July, 1954

<u>Group</u>	<u>Average Age</u>		<u>Average Weight</u>	<u>Average Height</u>
	<u>Years</u>	<u>Months</u>	<u>in lbs</u>	<u>in inches</u>
<u>Entrants:-</u>				
Males	5	9.0	48.7	45.1
Females	5	9.1	48.1	44.0
<u>Third Age Group:-</u>				
Males	9	7.1	70.2	53.1
Females	9	6.2	68.3	52.8
<u>Fourth Age Group</u>				
Males	13	6.6	106.3	60.9
Females	13	8.0	109.2	60.5
<u>Fifth Age Group</u>				
Males	16	9.5	158.3	71.3
Females	16	7.7	125.8	64.7

Visits to School Children in their homes by School Nurses

In an area where District Nurses act as school nurses it is not easy to answer the Department of Health's request to give the number of visits made to school children by the nurses in their capacity as "school nurses."

Our records, however, can show that at least 83 children were visited by District Nurses in their capacity as school nurses, and in connection with school medical inspection work.

TABLE 111

Systematic Medical Examinations

* Classification	Entrants		3rd age group		4th age group		5th age group		Total	
	No. of children this group	% of the children exd. in this group	No. of children this group	% of the children exd. in this group	No. of children this group	% of the children exd. in this group	No. of children this group	% of the children exd. in this group	No. of children systematic medical exams.	% of the children exd. at systematic medical exams.
Group 1	262	91.93	223	86.43	199	88.45	24	85.72	708	88.94
" 11(a)	-	-	11	4.27	4	1.78	2	7.14	17	2.14
" 11(b)	3	1.05	3	1.16	3	1.33	-	-	9	1.13
" 11(c)	-	-	-	-	-	-	-	-	-	-
Total	3	1.05	14	5.43	7	3.11	2	7.14	26	3.27
" 111	10	3.51	13	5.04	14	6.22	2	7.14	39	4.90
" 1V(a)	9	3.16	8	3.10	2	0.89	-	-	19	2.39
" 1V(b)	1	0.35	-	-	3	1.33	-	-	4	0.50
Total	10	3.51	8	3.10	5	2.22	-	-	23	2.89
Total No. of children examined	285	100.00	258	100.00	225	100.00	28	100.00	796	100.00

*Definitions of each group:- 1. Children free from defects. 11(a) Defective vision not worse than 6/12 in the better eye with or without glasses. 11(b) Condition of the mouth and teeth requiring treatment. 11(c) Both (a) and (b). 111. Children suffering from ailments (other than those mentioned in 11) from which a complete recovery is anticipated within a few weeks. 1V(a) Where complete cure or restoration of function (in case of eye defect, full correction) is considered possible. 1V(b) Where improvement only is considered possible, e.g. without complete restoration of function.

Children in the 2nd Age Group are examined for visual acuity only and are therefore not classified into groups.

TABLE IV

Return of ALL Exceptional Children of School Age in the Area

Disability	At ordinary schools	At special schools or classes	At no school or institution	Total.
1. Blind	-	1	-	1
2. Partially sighted:				
(a) Refractive errors in which the curriculum of an ordin- ary school would adversely affect the eye condition	-	1	-	1
(b) Other conditions of the eye, e.g. cataract, ulceration, etc., which render the child unable to read ordin- ary school books or to see well enough to be taught in an ordinary school	-	-	-	-
3. Deaf:				
Grade 1	-	-	-	-
" 11(a)	-	-	-	-
" 11(b)	1	-	-	1
" 111	-	3	-	3
4. Defective speech:				
(a) Defects of articulation requiring special educ- ational measures	-	-	-	-
(b) Stammering requiring special educational measures	-	-	-	-
5. Mentally defective:				
(Children between 5 and 16 yrs.)				
(a) Educable	12	-	-	12
(b) Ineducable	5	-	11	[#] 16(+2)
6. Epilepsy				
(a) Mild and occasional	1	-	-	1
(b) Severe (suitable for care in a residential school)	-	-	-	-
7. Physically Defective:				
(Children between 5 and 16 yrs.)				
(a) Non-pulmonary tuberculosis (excluding cervical glands)	-	-	-	-
(b) General orthopaedic conditions	-	1	1	2
(c) Organic heart disease ...	-	-	1	1
(d) Other causes of ill health	4	-	-	4
8. Multiple defects	-	-	^ø 1	1

[#] Two additional mentally defective children of school age are in institutions for mental defectives in the south.

^ø Epileptic and blind.

TABLE V
DENTAL INSPECTION AND TREATMENT

Number of children who were:-

(1) Inspected by the dental officer:- (a)		(b)	
Age.	Systematic examinations.	Special and emergency cases.	Total.
5	43		
6	59		
7	62		
8	48		
9	54		
10	57		
11	61		
12	31		
13	24		
14	23		
15	10		
	<u>472</u>	<u>201</u>	<u>673</u>

	Systematic examinations	Special and emergency cases
(2) Found to require treatment	441	199
(3) Actually treated by the school dental officer	335	199
(4) Number of attendances made by children for treatment	951	318
(5) Fillings (a) Permanent teeth	756	79
(b) Temporary teeth	121	12
(6) Extractions -		
(a) Permanent teeth	218	77
(b) Temporary teeth	490	156
(7) Number of administrations of a general anaesthetic for extractions	189	107
(8) Other operations -		
(a) Permanent teeth	94	67
(b) Temporary teeth	8	28
(9) Half-days devoted to inspection	12	-
Half-days devoted to treatment	270	48
(10) Number of children treated under private arrangements	28	-

PORT HEALTH ADMINISTRATION

During the year 254 vessels made a port in Shetland their first port of call after leaving a foreign country. In each case satisfactory Declaration of Health statements were received by Customs Officers.

FOOD SUPPLIES

Particulars of the administration of the Acts and Orders to do with milk, ice cream, meat, and other foods are given in the report of the County Sanitary Inspector. A feature of the past year was the improvement in quantity and quality of the county's milk supply, and the improvement of dairy premises by some enterprising milk producers.

APPENDIXMATERNITY AND CHILD WELFAREDistrict Nurses employed as Health Visitors and
Health Visitor in Lerwick.

Number of Expectant Mothers visited	-	152
Total visits made	-	913
Number of Children under 1 year of age visited	-	361
Total visits made	-	2,407
Number of Children between age of 1 - 5 years visited	-	1,073
Total visits made	-	2,789
No. of Tuberculosis Cases visited	-	139
Total visits made	-	938
No. of other cases visited	-	37
Total visits made	-	82

Attendances at Lerwick Child Welfare Centre

Number of Expectant Mothers attending	-	32
Total attendances	-	74
Number of Children under 1 year attending	-	148
Total attendances	-	1,119
Number of Children 1 - 5 years attending	-	183
Total attendances	-	1,081

Births During 1954

(1)	Total number of live births during year (before correction for mother's residence)	-	268
	Total number of Stillbirths	-	10
(11)	Total number of births in (1) occurring in institutions	-	221
(111)	Total number of births occurring at home:-		
	Doctor present	-	38
	Doctor not present	-	17

Dental Care

	<u>No. inspected by Dental Officers.</u>	<u>No. found to require treatment</u>	<u>No. accept- ing treatment</u>	<u>No. actually treated by Dental Officers</u>
Expectant Mothers	3	2	2	2
Nursing Mothers	8	8	8	8
Pre-school children	57	50	50	50

TUBERCULOSISNumber of Cases Diagnosed as suffering from Tuberculosis

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	4	4	8
Non-Respiratory	4	6	10
	<u>8</u>	<u>10</u>	<u>18</u>

Number of Cases of Respiratory Tuberculosis with their Home Residence in the Area who received Treatment in Sanatoria or other Institutions

	<u>Males</u>	<u>Females</u>
In Institutions on Jan. 1st:		
Adults	14	9
Children	-	-
Admitted during the year:		
Adults	6	7
Children	-	-
Discharged during the year:		
Adults	11	10
Children	-	-
Died in Institutions:		
Adults	-	-
Children	-	-
In Institutions on December 31st:		
Adults	9	6
Children	-	-

Number of Persons resident in the Area at 31st December, 1954 who were known to be suffering from Tuberculosis

Respiratory:	Males	-	54
	Females	-	51
Non-Respiratory:	Males	-	20
	Females	-	23

B. C. G. VACCINATION

	<u>Tuberculin</u> <u>Tested.</u>		<u>Negative</u> <u>Re-actors</u>		<u>Vaccinated</u> <u>during 1954</u>	
	<u>Males.</u>	<u>Females.</u>	<u>Males.</u>	<u>Females.</u>	<u>Males.</u>	<u>Females</u>
Contacts	15	17	14	15	11	15
School Leavers	153	166	136	146	136	146

Prescribed particulars on the administration of the
Factories Act, 1937

Burgh of Lerwick

Part 1 of the Act

1. INSPECTIONS for purposes of provisions as to health
(including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of		
		Inspections.	Written notices.	Occupiers prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	61	30	-	-
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	-	-	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
TOTAL	61	30	-	-

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars.	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found.	Remedied.	To H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness	9	9	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) insufficient	1	1	-	-	-
(b) unsuitable or defective	-	-	-	-	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
TOTAL	10	10	-	-	-

Prescribed particulars on the administration of the
Factories Act, 1937

County of Zetland (Excluding Burgh of Lerwick)

Part 1 of the Act

1. INSPECTIONS for purposes of provisions as to health
(including inspections made by Sanitary Inspectors)

Premises	Number on Register.	Number of		
		Inspections.	Written Occupiers noticed.	prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	55	51	7	-
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	-	-	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
TOTAL	55	51	7	-

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars.	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found.	Remedied.	Referred To H.M. Inspector	by H.M. Inspector	
Want of cleanliness	6	6	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	-	-	-	-	-
(c) not separate for sexes	1	1	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
TOTAL	7	7	-	-	-